

STD 262 (REV 10/92)

CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER			DEPARTMENT		
Matthew David						Governor's Office		
POSITION		CB/ID NUMBER	DIVISION OR BUREAU				INDEX NUMBER	
Deputy Chief of Staff			Communications					
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS				TELEPHONE NUMBER	
			State Capitol					
CITY	STATE	ZIP	CITY	STATE	ZIP			
			Sacramento	California	95814			

[illegible]**CLAIM TOTAL**

**\$803.94**

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

### Staff for GAS Middle East Briefing

## NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

**USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of

California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or

greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle safety and seat belt usage

CLAIMANT'S SIGNATURE

DATE \_\_\_\_\_

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE \_\_\_\_\_

SIGNATURE OF TITLE OFFICIAL

DATE